

ISSUE SLIP STAPLE AREA (for additional cross-references)

**ISSUING CLASSIFICATION**

**^ Continued on Issue Slip Inside File Jacket**

## **INDEX OF CLAIMS**

✓ ..... Rejected - (Through numeral) ... Canceled N ..... Non-elected A ..... Appeal  
= ..... Allowed + ..... Restricted I ..... Interference O ..... Objected

| Claim | Final | Original | Allowed | Date |
|-------|-------|----------|---------|------|
| 1     |       |          |         |      |
| 2     |       |          |         |      |
| 3     |       |          |         |      |
| 4     |       |          |         |      |
| 5     |       |          |         |      |
| 6     |       |          |         |      |
| 7     |       |          |         |      |
| 8     |       |          |         |      |
| 9     |       |          |         |      |
| 10    |       |          |         |      |
| 11    |       |          |         |      |
| 12    |       |          |         |      |
| 13    |       |          |         |      |
| 14    |       |          |         |      |
| 15    |       |          |         |      |
| 16    |       |          |         |      |
| 17    |       |          |         |      |
| 18    |       |          |         |      |
| 19    |       |          |         |      |
| 20    |       |          |         |      |
| 21    |       |          |         |      |
| 22    |       |          |         |      |
| 23    |       |          |         |      |
| 24    |       |          |         |      |
| 25    |       |          |         |      |
| 26    |       |          |         |      |
| 27    |       |          |         |      |
| 28    |       |          |         |      |
| 29    |       |          |         |      |
| 30    |       |          |         |      |
| 31    |       |          |         |      |
| 32    |       |          |         |      |
| 33    |       |          |         |      |
| 34    |       |          |         |      |
| 35    |       |          |         |      |
| 36    |       |          |         |      |
| 37    |       |          |         |      |
| 38    |       |          |         |      |
| 39    |       |          |         |      |
| 40    |       |          |         |      |
| 41    |       |          |         |      |
| 42    |       |          |         |      |
| 43    |       |          |         |      |
| 44    |       |          |         |      |
| 45    |       |          |         |      |
| 46    |       |          |         |      |
| 47    |       |          |         |      |
| 48    |       |          |         |      |
| 49    |       |          |         |      |
| 50    |       |          |         |      |

| Final | Original | Claim | Date |
|-------|----------|-------|------|
|       |          | 51    |      |
|       |          | 52    |      |
|       |          | 53    |      |
|       |          | 54    |      |
|       |          | 55    |      |
|       |          | 56    |      |
|       |          | 57    |      |
|       |          | 58    |      |
|       |          | 59    |      |
|       |          | 60    |      |
|       |          | 61    |      |
|       |          | 62    |      |
|       |          | 63    |      |
|       |          | 64    |      |
|       |          | 65    |      |
|       |          | 66    |      |
|       |          | 67    |      |
|       |          | 68    |      |
|       |          | 69    |      |
|       |          | 70    |      |
|       |          | 71    |      |
|       |          | 72    |      |
|       |          | 73    |      |
|       |          | 74    |      |
|       |          | 75    |      |
|       |          | 76    |      |
|       |          | 77    |      |
|       |          | 78    |      |
|       |          | 79    |      |
|       |          | 80    |      |
|       |          | 81    |      |
|       |          | 82    |      |
|       |          | 83    |      |
|       |          | 84    |      |
|       |          | 85    |      |
|       |          | 86    |      |
|       |          | 87    |      |
|       |          | 88    |      |
|       |          | 89    |      |
|       |          | 90    |      |
|       |          | 91    |      |
|       |          | 92    |      |
|       |          | 93    |      |
|       |          | 94    |      |
|       |          | 95    |      |
|       |          | 96    |      |
|       |          | 97    |      |
|       |          | 98    |      |
|       |          | 99    |      |
|       |          | 100   |      |

| Final<br>Original | Claim | Date |
|-------------------|-------|------|
|                   | 101   |      |
|                   | 102   |      |
|                   | 103   |      |
|                   | 104   |      |
|                   | 105   |      |
|                   | 106   |      |
|                   | 107   |      |
|                   | 108   |      |
|                   | 109   |      |
|                   | 110   |      |
|                   | 111   |      |
|                   | 112   |      |
|                   | 113   |      |
|                   | 114   |      |
|                   | 115   |      |
|                   | 116   |      |
|                   | 117   |      |
|                   | 118   |      |
|                   | 119   |      |
|                   | 120   |      |
|                   | 121   |      |
|                   | 122   |      |
|                   | 123   |      |
|                   | 124   |      |
|                   | 125   |      |
|                   | 126   |      |
|                   | 127   |      |
|                   | 128   |      |
|                   | 129   |      |
|                   | 130   |      |
|                   | 131   |      |
|                   | 132   |      |
|                   | 133   |      |
|                   | 134   |      |
|                   | 135   |      |
|                   | 136   |      |
|                   | 137   |      |
|                   | 138   |      |
|                   | 139   |      |
|                   | 140   |      |
|                   | 141   |      |
|                   | 142   |      |
|                   | 143   |      |
|                   | 144   |      |
|                   | 145   |      |
|                   | 146   |      |
|                   | 147   |      |
|                   | 148   |      |
|                   | 149   |      |
|                   | 150   |      |

If more than 150 claims or 9 actions staple additional sheet here

## Best Available Copy